FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail President Section

FORM D

MAR 03 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR

Woohington, De Tida

UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED								
MAR 1 1 2008								
SEC USE ONLY								
Prefix THOMSON Serial								
FINANCIAL								
DATE RECEIVED								

Name of Offering (check if this	is an amendment and name has changed, and indicate	change.)
Common Stock		
Filing Under (Check box(es) that apply):	☐ Rule 504 ☐ Rule 505 ☒ Ru	lle 506 Section 4(6) ULOE
Type of Filing: New Filing	☐ Amendment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about	the issuer	
Name of Issuer (check if this is an an 121 Golfnet, Inc. (formerly known)	nendment and name has changed, and indicate change wn as Golf Intelligence, Inc.)	:.)
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
401 North 3 rd Ave., Suite 230, N	finneapolis, MN 55401	(612) 235-4061
Address of Principal Business Operations (if different from Executive Offices)	Telephone Number (Including Area Code)	
Brief Description of Business	***************************************	
	ns to golf associations and golf courses.	08040613
Type of Business Organization		
	☐ limited partnership, already formed	other (please specify):
business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat	or Organization: Month Year	C

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et sec. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

•		A. BASIC IDENTIFI	ICATION DATA		
2. Enter the information requ	ested for the follow	ving:			
 Each promoter of the 	he issuer, if the issu	er has been organized withir	n the past five years;		
 Each beneficial ow of the issuer; 	ner having the pow	er to vote or dispose, or dire	ect the vote or disposition of	f, 10% or more of	a class of equity securities
 Each executive off 	icer and director of	corporate issuers and of corp	porate general and managing	g partners of partne	rship issuers; and
Each general and n	nanaging partner of	partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Burke, Steven F.	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
401 North 3 rd Ave.,	Suite 230, Minr	neapolis, MN 55401			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Schwartz, Steven	f individual)				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
		Avenue, Palo Alto, CA	A 94303		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i Dennis, Peter C.	f individual)				wanging rather
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code)			
401 North 3rd Ave.,		• • • •			
	<u> </u>				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Gideon, Peter H.	f individual)				···antagnig i arvivi
Business or Residence Addre	ss (Number and St	treet, City, State, Zip Code)			
401 North 3 rd Ave.,	Suite 230, Minn	eapolis, MN 55401			
Check Box(es) that Apply:	Promoter	□ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, in Palo Alto Golf LLC	•				.vialinging i activi
Business or Residence Addre	ss (Number and St	treet, City, State, Zip Code)			
811 Gallen Avenue,					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Kloeber, David Nas	,		•		
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
401 North 3rd Ave.,		•			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or
Full Name (Last name first, in Kravit, William	findividual)				Managing Partner
Business or Residence Addre	ss (Number and St	reet, City, State, Zip Code)			
6790 North Green E		•			
		eet, or copy and use addition	nal copies of this sheet, as n	ecessary.)	

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Larson, Larry Business or Residence Address (Number and Street, City, State, Zip Code) 212 Gailen Avenue, Palo Alto, CA 94303 Check Box(es) that Apply: ☐ Promoter General and/or ☐ Beneficial Owner ☐ Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Stromberg, Erik Business or Residence Address (Number and Street, City, State, Zip Code) 4264 Seven Lakes West, West End, NC 27376 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ■ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	•			В.	INFORMA	TION ABO	UT OFFE	RING				
• 1	Has the issu	or sold or	da aa tha isaa	or intend to	s sall to non	. agaraditad	investors in	this offsei			Ye	
1.	mas me issu	er sola, or c			o in Append				-			ם נ
2.	What is the	minimum i									.	√/A
	•											
3.	Does the of	fering perm	it joint own	ership of a	single unit?.						D	
4.	Enter the in sion or simi to be listed list the nam or dealer, ye	lar remuner is an assoc ie of the br	ration for so ciated perso oker or dea	licitation of n or agent ler. If mor	f purchasers of a broker e than five	in connecti or dealer re (5) persons	on with sale egistered w to be listed	es of securites of the SEC are associ	ies in the o and/or wi ated persor	ffering. If a th a state o	person states, broker	
Full Nar	ne (Last name	e first, if inc	lividual)									
Busines	s or Residence	e Address (Number and	d Street, Cit	ty, State, Zip	code)						
Name o	Associated E	Broker or D	ealer						_			
States in	Which Perso	n Listed Ha	as Solicited	or Intends t	o Solicit Pu	rchasers			_			
(Cl	eck "All Stat	es" or checl	k individual	States)	*****************			•••••				All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	ne (Last name				[01]	[+ -]	[***]	[,,,,,		[,,,_]	[,,,,]	
ruii ivai	ne (Last name	; mst, n mc	iividuai)									
Busines	s or Residence	e Address (Number and	d Street, Cit	ty, State, Zip	Code)						
Name of	Associated I	Broker or D	ealer					· <u> </u>	<u> </u>			
States in	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pui	rchasers			_			
	eck "All Stat											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV]	(NH) [TN]	[NJ] [TX]	[MM] [UT]	(NY)	[NC]	[ND]	[OH]	(OK) [WI]	[OR]	(PA)
	ne (Last name	[SD] first, if ind			[01]	[VT]	[VA]	[WA]	[WV]	[MI]	[WY]	[PR]
Busines	or Residence	: Address (Number and	d Street, Cit	y, State, Zip	Code)						
Name of	f Associated E	Broker or D	ealer					···	.			
States in	Which Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchasers						
(Cl	eck "All Stat	es" or checl	k individual	States)	***************************************		•••••					All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PI	ROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggrega Offering P		Amount Already Sold
	Debt	\$		\$
	Equity	\$ <u>2,202,063</u>		\$ 2,202,063
	Convertible Securities (including warrants)	s		s
	Partnership Interests	\$	_	s
	Other (Specify)	\$		\$
	Total	\$ <u>2,202,063</u>		\$ <u>2,202,063</u>
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Numbe Investor		Aggregate Dollar Amount of Purchases
	Accredited Investors	9		\$ <u>2,202,063</u>
	Non-accredited Investors		_	\$
	Total (for filings under Rule 504 only)			\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securi-			
	ties sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		f	Dollar Amount
	Type of offering	Securit		Sold
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			s
	Printing and Engraving Costs			\$
	Legal Fees		\boxtimes	\$ <u>20,000</u>
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify)			\$
	Total		\boxtimes	\$_20,000

	. C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND U	SE OF P	ROCEEDS	
•	I and total expenses furnished in re-	eggregate offering price given in response to Part C - Cosponse to Part C - Question 4.a. This difference	e is the		\$ <u>2,182,063</u>
5.	each of the purposes shown. If estimate and check the box to the left	ted gross proceeds to the issuer used or proposed to be the amount for the purpose is not known, fur of the estimate. The total of the payments listed mu suer set forth in response to Part C - Question 4.1	mish an ust equal	Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 \$_		□ s
	Purchase of real estate		. 🗆 s		□ s
	Purchase, rental or leasing and ins	tallation of machinery and equipment	. 🔲 \$_		\$
		uildings and facilities			□ s
	Acquisition of other businesses (in offering that may be used in excha	icluding the value of securities involved in this inge for the assets or securities of another			⋈ \$ 2,182,063
	•				
	• •				
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			- . □s		□ s
		otals added)			2,182,063
	701017 031110110 1210100 (001011111110		•		
		D. FEDERAL SIGNATURE			
ollowin	ng signature constitutes an undertaking	signed by the undersigned duly authorized person. by the issuer to furnish to the U.S. Securities ar the issuer to any non-accredited investor pursuant to	id Excha	nge Commissi	on, upon written i
Issuer	(Print or Type)	Signature		Date	
121	Golfnet, Inc.	let hur		2/22/0	08
Name	of Signer (Print or Type)	Title of Signer (Print or Type)		1	
D-4	er C. Dennis	President			
ret		I			

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Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)